



MECKLENBURG COUNTY

E. Winters Mabry, MD
Health Director

Health Department

(704) 432-3199
(704) 432-0174 (Fax)

QUESTIONNAIRE FOR PRIVATE CLUB OPERATIONS

1- Name of Organization/Club

2- Address of Club

3- Business mailing address of Club

4- Name/Position of person in charge of Club

5- Is this facility operated for selective members (does not include purchase of membership at the door) and operated by the membership? _____ Yes _____ No

6- Does this facility ever provide food or lodging for pay to anyone who is not a member or a member's guest? _____ Yes _____ No

7- Is this facility incorporated as a nonprofit corporation in accordance with Chapter 55A of the General Statutes? _____ Yes _____ No

8- Is this facility exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-130.2 (1)? _____ Yes _____ No

9- Does this facility cater functions for outside groups, either at this location or at other sites? _____ Yes _____ No

Explanation for answer above:

10- Is the kitchen in this facility used by any persons or groups other than the membership? _____ Yes _____ No

Explanation for answer above:

Name/Position of person filling out this questionnaire:

Today's Date: _____

EHS Signature: _____